

**South Harrison Board of Education**  
**Monthly Premium Rates - Employees Hired Before 7/1/2020**  
**Effective 7/1/2023 to 6/30/2024**

**MEDICAL - Schools Health Insurance Fund (Aetna)**

	<b>Aetna *NJEHP \$10/\$15</b>	<b>Aetna *GSP \$10/\$15</b>	<b>Aetna Pat V \$10 (Gold or Silver)</b>
Single	\$970.00	\$933.00	\$999.00
Parent/Child(ren)	\$1,416.00	\$1,362.00	\$1,460.00
Member/Spouse	\$2,120.00	\$2,039.00	\$2,186.00
Family	\$2,481.00	\$2,387.00	\$2,559.00
Dependent to 31	\$499.00	\$480.00	\$515.00

	<b>Aetna Open Access Bronze \$20</b>	<b>Aetna HDHP</b>	<b>Aetna Horizon Omnia</b>
Single	\$872.00	\$1,044.00	\$855.00
Parent/Child(ren)	\$1,272.00	\$1,431.00	\$1,230.00
Member/Spouse	\$1,843.00	\$2,192.00	\$1,853.00
Family	\$2,228.00	\$2,594.00	\$2,174.00
Dependent to 31	\$568.00	\$856.00	\$701.00

**PRESCRIPTION - Schools Health Insurance Fund (Express Scripts)**

	<b>Express Scripts *NJEHP / GSP \$5/\$10</b>	<b>Express Scripts \$10/\$20 Silver</b>	<b>Express Scripts \$15/\$30 Bronze</b>	<b>Express Scripts \$5/\$10 Gold</b>
Single	\$178.00	\$198.00	\$174.00	\$272.00
Parent/Child(ren)	\$214.00	\$238.00	\$210.00	\$328.00
Member/Spouse	\$347.00	\$385.00	\$336.00	\$527.00
Family	\$418.00	\$463.00	\$406.00	\$637.00
Dependent to 31	\$117.00	\$131.00	\$114.00	\$136.00

**DENTAL - Schools Health Insurance Fund (Delta Dental)**

	<b>Delta Dental Premier</b>
Single	\$39.00
Parent/Child(ren)	\$66.00
Member/Spouse	\$66.00
Family	\$133.00

\*Please note, the NJ Educator Plan's and Garden State Plan's medical and prescriptions benefits must be selected together. Employee contributions for these plans are based on the new Chapter 44 Contribution Scale. All other options apply to the Chapter 78 and/or Collectively Bargained employee contributions.

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# South Harrison Board of Education

## 2023 Open Enrollment Plan Selections

Open Enrollment Begins Monday, April 24th to Friday, May 12th

All Plan Changes Become Effective 7/1/23

### Employees Hired Before 7/1/20

#### Medical Options

NJ Educators Plan \$10/\$15 copay  
Garden State Plan \$10/\$15 copay  
Patriot V (\$10) Gold or Silver  
Open Access Bronze \$20 Copay  
HDHP w/ Rx  
Horizon Omnia

#### Prescription Options

NJ Educators Plan Rx Retail Copays \$5/\$10  
Garden State Plan Rx Retail Copays \$5/\$10  
Rx Retail Copays \$10/\$20 (Silver Plan)  
Rx Retail Copays \$5/\$10 (Gold Plan)  
Rx Retail Copays \$15/\$30 (Bronze Plan)

#### Dental

Delta Premier Plan

### EMPLOYEE CONTRIBUTIONS

#### Chapter 44 Salary Based Contribution

Applies to-  
NJ Educator Plan - Medical and Prescription  
Garden State Plan - Medical and Prescription

#### Chapter 78 Contributions or Collectively Bargained

Applies to-  
Patriot V (\$10) Gold or Silver  
Open Access Bronze \$20 Copay  
HDHP w/ Rx  
Horizon Omnia  
  
Rx Retail Copays \$10/\$20 (Silver Plan)  
Rx Retail Copays \$5/\$10 (Gold Plan)  
Rx Retail Copays \$15/\$30 (Bronze Plan)

Delta Premier Plan

### Employees Hired On or After 7/1/20

#### Medical Option

NJ Educators Plan \$10/\$15 copay  
Garden State Plan \$10/\$15 copay

#### Prescription Option

NJ Educators Plan Rx Retail Copays \$5/\$10  
Garden State Plan Rx Retail Copays \$5/\$10

#### Dental

Delta Premier Plan

### EMPLOYEE CONTRIBUTIONS

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Applies to-  
NJ Educator Plan - Medical and Prescription  
Garden State Plan - Medical and Prescription

#### Chapter 78 Contributions or Collectively Bargained

Applies to-  
Delta Premier Plan

Please Contact the Business Office for Questions Regarding Your Employee Contributions.

Please Visit Your BenePortal for Additional Information

<https://www.southharrisonbenefits.com/>